

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Wellcare Health Plans, Inc. PAC (WellCare PAC)

ADDRESS (number and street) ▼

8735 Henderson Road

☐ Check if different than previously reported. (ACC)

Tampa

FL

33634

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00390575

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maurice Hebert

Signature of Treasurer

Maurice Hebert

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		131970.74
(b) Cash on Hand at Beginning of Reporting Period.....	107919.79	
(c) Total Receipts (from Line 19)	29512.23	203861.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	137432.02	335832.02
7. Total Disbursements (from Line 31)	38250.00	236650.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	99182.02	99182.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	27326.64	156925.17
(ii) Unitemized	1185.59	45936.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	28512.23	202861.28
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	28512.23	202861.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29512.23	203861.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29512.23	203861.28

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	160700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	6250.00	75950.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	38250.00	236650.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38250.00	236650.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	28512.23	202861.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28512.23	202861.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15279

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15481

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15682

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15227

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15431

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15633

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Joseph Anselmo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15220

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Joseph Anselmo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.09

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15424

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Joseph Anselmo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15626

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Norma I. Asencio

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15122

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Norma I. Asencio

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15327

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Norma I. Asencio

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15529

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Angel L. Ballew

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15228

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Angel L. Ballew

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15432

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Angel L. Ballew

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15634

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Richard O. Banner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15277

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

B. Richard O. Banner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1061.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15479

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

C. Richard O. Banner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1107.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15680

Amount of Each Receipt this Period

46.15

SUBTOTAL of Receipts This Page (optional)..... ►

138.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15123

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15328

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15530

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
 10 24 2014

Transaction ID : SA11AI.15280

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
 11 07 2014

Transaction ID : SA11AI.15484

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
 11 21 2014

Transaction ID : SA11AI.15686

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lucy Berenguer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15124

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Lucy Berenguer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15329

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Lucy Berenguer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15531

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Bruce A. Bershad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15125

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Bruce A. Bershad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15330

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Bruce A. Bershad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15532

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sean L. Bird

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15126

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Sean L. Bird

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15331

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Sean L. Bird

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15533

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Scott B. Black

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15229

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Scott B. Black

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15433

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Scott B. Black

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15635

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jason T. Bollent

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15127

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Jason T. Bollent

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15332

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Jason T. Bollent

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15534

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michelle D. Bronson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15128

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Michelle D. Bronson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15333

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Michelle D. Bronson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15535

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura A. Buckley

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15230

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Laura A. Buckley

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15434

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Kenneth A. Burdick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15305

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

269.22

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kenneth A. Burdick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15508

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Kenneth A. Burdick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15712

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15281

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

480.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15485

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15687

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Amy Carr

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15129

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Amy Carr

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15334

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Amy Carr

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15536

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Christine K. Cashen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15130

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christine K. Cashen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15335

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Christine K. Cashen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15537

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Robert A. Champagne

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15231

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robert A. Champagne

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15435

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Robert A. Champagne

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15636

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Donna M. Chapman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15131

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Donna M. Chapman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15336

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Donna M. Chapman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15538

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Seunghyun Choi

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15132

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Seunghyun Choi

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15337

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Seunghyun Choi

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15539

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Patricia Ciampa

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15133

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Patricia Ciampa

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15338

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Patricia Ciampa

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15540

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Thomas Clegg

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15232

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Thomas Clegg

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15436

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Thomas Clegg

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15637

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Sue E. Clements

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15134

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sue E. Clements

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15339

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Sue E. Clements

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15541

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15233

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15437

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15638

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Justin R. Cramer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15234

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Justin R. Cramer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15438

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Justin R. Cramer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15639

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

c. Christopher C. Cubero

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15640

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 198

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Daniel Cup Choy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15135

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Daniel Cup Choy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15340

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Daniel Cup Choy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15542

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 198

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15282

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15486

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15688

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 35 OF 198

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa R. Darley

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15136

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Lisa R. Darley

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15341

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Lisa R. Darley

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15543

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15283

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15487

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15689

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Natalie D. Davis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15137

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Natalie D. Davis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15342

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Natalie D. Davis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15544

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 24 2014

Transaction ID : SA11AI.15236

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 07 2014

Transaction ID : SA11AI.15440

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

c. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 21 2014

Transaction ID : SA11AI.15641

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.48

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15226

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

B. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.32

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15430

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

C. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.16

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15632

Amount of Each Receipt this Period

28.84

SUBTOTAL of Receipts This Page (optional)..... ►

86.52

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Desiree Demonbreun

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15138

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Desiree Demonbreun

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15343

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Desiree Demonbreun

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15545

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. David W. Deweese

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15139

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. David W. Deweese

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15344

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. David W. Deweese

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15546

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Grace Diaz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15237

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Grace Diaz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15441

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Grace Diaz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15642

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa V. Downey

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15238

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Lisa V. Downey

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15442

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Lisa V. Downey

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15643

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Karen Driskill

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15239

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Karen Driskill

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15443

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Karen Driskill

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15644

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Easterday

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15140

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Michael Easterday

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15345

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Michael Easterday

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15547

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa M. Eilers

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15141

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Lisa M. Eilers

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15346

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Lisa M. Eilers

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15548

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carolyn M. Enzinna

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 24 2014

Transaction ID : SA11AI.15142

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Carolyn M. Enzinna

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 07 2014

Transaction ID : SA11AI.15347

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Carolyn M. Enzinna

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 21 2014

Transaction ID : SA11AI.15549

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Hector L. Feliciano

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15143

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Hector L. Feliciano

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15348

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Hector L. Feliciano

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15550

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 24 2014

Transaction ID : SA11AI.15144

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 07 2014

Transaction ID : SA11AI.15349

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 21 2014

Transaction ID : SA11AI.15551

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ryan B. Fogarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15221

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Ryan B. Fogarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15425

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Ryan B. Fogarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15627

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dalvin Ford

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15222

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Dalvin Ford

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.09

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15426

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Dalvin Ford

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15628

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Vincent L. Frakes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15240

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Vincent L. Frakes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15444

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Vincent L. Frakes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15645

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Paul H. Frank

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15145

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Paul H. Frank

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15350

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Paul H. Frank

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15552

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dana French

Mailing Address 8735 Henderson Avenue

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15241

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Dana French

Mailing Address 8735 Henderson Avenue

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15445

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Dana French

Mailing Address 8735 Henderson Avenue

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15646

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. David J. Gallitano

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3528.48

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15306

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. David J. Gallitano

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3720.78

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15509

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. David J. Gallitano

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3913.08

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15713

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Eileen D. Gannon

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.81

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15524

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

B. Michael A. Gerasimovich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15146

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Michael A. Gerasimovich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15351

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

48.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael A. Gerasimovich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15553

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Louis Gianquinto, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15284

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Louis Gianquinto, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15488

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Louis Gianquinto, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15690

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Steven Goldberg

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

chief medical officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.15098

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15307

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15510

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15714

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Julie S. Griswold

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.42

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15118

Amount of Each Receipt this Period

9.61

SUBTOTAL of Receipts This Page (optional)..... ►

394.21

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Julie S. Griswold

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.03

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15323

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

B. Julie S. Griswold

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15525

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

c. Patricia B. Guay

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15245

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

57.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Patricia B. Guay

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15448

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Patricia B. Guay

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15649

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15285

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

173.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15489

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15691

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Marcia B. Halbert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15149

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marcia B. Halbert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15353

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Marcia B. Halbert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15555

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Nicole Hall

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15150

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Nicole Hall

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15354

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Nicole Hall

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15556

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Matthew P. Halme

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15449

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Matthew P. Halme

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15650

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Robin Hamel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15247

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Robin Hamel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15450

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robin Hamel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15651

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Camille C. Hamid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15151

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Camille C. Hamid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15355

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Camille C. Hamid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15557

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Cindy L. Hankin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15152

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Cindy L. Hankin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15356

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Cindy L. Hankin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15558

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Richard M. Hanks

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1108.92

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15248

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Richard M. Hanks

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1147.38

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15451

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Richard M. Hanks

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1185.84

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15652

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15249

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15452

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : SA11AI.15653

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Christine M. Hayes

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.15153

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Christine M. Hayes

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : SA11AI.15357

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

76.92

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christine M. Hayes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15559

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Maurice Hebert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15286

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Maurice Hebert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15490

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Maurice Hebert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15694

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Lisa Hershiser

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15252

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Lisa Hershiser

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15454

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa Hershiser

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15655

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15253

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15455

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15656

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Tanya Hillary

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15154

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Tanya Hillary

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15358

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Tanya Hillary

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15560

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15287

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15491

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15695

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Bruce P. Himmelstein

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15155

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Bruce P. Himmelstein

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15359

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Bruce P. Himmelstein

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : SA11AI.15561

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.15254

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : SA11AI.15456

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15657

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. John J. Hofstetter

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15156

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. John J. Hofstetter

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15360

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John J. Hofstetter

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15562

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Marla P. Holcomb

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15288

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Marla P. Holcomb

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15492

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marla P. Holcomb

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15696

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Christopher H. Horan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15157

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Christopher H. Horan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15361

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher H. Horan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15563

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. David Hurter

Mailing Address 901 N. Hemlock Lane

City State Zip Code
Mount Prospect IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15158

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. David Hurter

Mailing Address 901 N. Hemlock Lane

City State Zip Code
Mount Prospect IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15362

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. David Hurter

Mailing Address 901 N. Hemlock Lane

City State Zip Code
Mount Prospect IL 60056

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15564

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Marlene Hyman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15159

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Marlene Hyman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15363

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marlene Hyman

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : SA11AI.15565

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.15308

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : SA11AI.15511

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

403.83

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15715

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Jason Inman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15160

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Jason Inman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15364

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jason Inman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15566

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Meghan A. Izzo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15255

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

c. Meghan A. Izzo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15457

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Meghan A. Izzo

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : SA11AI.15658

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Goran Jankovic

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.15256

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Goran Jankovic

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : SA11AI.15458

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Goran Jankovic

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15659

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15289

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15493

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

230.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 88 OF 198

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15697

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Walter C. Johnson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15257

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Walter C. Johnson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15459

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

173.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Walter C. Johnson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11Al.15660

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Jacqueline M. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11Al.15161

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Jacqueline M. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11Al.15365

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jacqueline M. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15567

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15258

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15460

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15661

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Stephen Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15290

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15291

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

230.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15494

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15698

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Janet H. Kimbrough

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15162

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Janet H. Kimbrough

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15366

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Janet H. Kimbrough

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15568

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Thomas M. Kincaid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15223

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

59.29

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Thomas M. Kincaid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.09

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15427

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Thomas M. Kincaid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15629

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

c. Sharon L. King

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15163

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

60.89

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sharon L. King

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15367

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Sharon L. King

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15569

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Nancy A. Kirby

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15164

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Nancy A. Kirby

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15368

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Nancy A. Kirby

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15570

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15292

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

134.61

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15495

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15699

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Stephan Korda

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15165

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Stephan Korda

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15369

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Stephan Korda

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15571

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Roman T. Kulich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15293

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Roman T. Kulich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11Al.15496

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Roman T. Kulich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11Al.15700

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11Al.15294

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15497

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15701

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Miriam M. Lederer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15167

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Miriam M. Lederer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15371

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Miriam M. Lederer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15573

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Letty M. Lian-Segawa

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15168

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Letty M. Lian-Segawa

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15372

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Letty M. Lian-Segawa

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15574

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Robert S. London

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15169

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robert S. London

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15373

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Robert S. London

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15575

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Luke C. Lovgren

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15170

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Luke C. Lovgren

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15374

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Luke C. Lovgren

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15576

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15295

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

134.61

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15498

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15702

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Brock R. Manz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15171

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Brock R. Manz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15375

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Brock R. Manz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15577

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Angela Marks

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15172

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Angela Marks

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15376

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Angela Marks

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15578

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Joanna M. Maslanka

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15173

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Joanna M. Maslanka

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15377

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Joanna M. Maslanka

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15579

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15296

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

134.61

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 109 OF 198

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15499

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15703

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Faustino Mayo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15174

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Faustino Mayo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15378

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Faustino Mayo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15580

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Ray McComb

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15259

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ray McComb

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15461

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Ray McComb

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15662

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15224

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

97.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.09

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15428

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15630

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Sarah Helene McKinnie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15175

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

60.89

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sarah Helene McKinnie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15379

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Sarah Helene McKinnie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15581

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Elizabeth M. Miller

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15176

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth M. Miller

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15380

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Elizabeth M. Miller

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15582

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Eufemia E. Mitchell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15177

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Eufemia E. Mitchell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15381

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Eufemia E. Mitchell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15583

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15297

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15500

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15704

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Timothy M. Mullen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15178

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Timothy M. Mullen

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : SA11AI.15382

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Timothy M. Mullen

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : SA11AI.15584

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Kathleen Mulqueen

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.15179

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kathleen Mulqueen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15383

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Kathleen Mulqueen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15585

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Kelly A. Munson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15180

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kelly A. Munson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15384

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Kelly A. Munson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15586

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Sharon Nisbet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15298

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sharon Nisbet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15501

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Sharon Nisbet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15705

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Diane C. Norcross

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.42

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15119

Amount of Each Receipt this Period

9.61

SUBTOTAL of Receipts This Page (optional)..... ►

201.91

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Diane C. Norcross

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.03

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15324

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

B. Diane C. Norcross

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15526

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

C. Michael J. Orlosky

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15260

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

57.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael J. Orlosky

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15462

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Michael J. Orlosky

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15663

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Carole Ouimet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15181

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carole Ouimet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15385

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Carole Ouimet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15587

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Nino A. Palermo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15182

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Nino A. Palermo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15386

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Nino A. Palermo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15588

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Amelia Pantelis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.42

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15120

Amount of Each Receipt this Period

9.61

SUBTOTAL of Receipts This Page (optional)..... ►

48.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Amelia Pantelis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.03

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15325

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

B. Amelia Pantelis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15527

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

c. Christopher T. Parrillo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15299

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

115.37

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher T. Parrillo

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15502

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Christopher T. Parrillo

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15706

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Mark H. Pfost

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15183

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 198

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Mark H. Pfost

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15387

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Mark H. Pfost

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15589

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15309

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

230.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15512

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15716

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. William A. Prince

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15184

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

403.83

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William A. Prince

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15388

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. William A. Prince

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15590

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Jeffrey S. Ray

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.52

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15275

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

80.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey S. Ray

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

958.18

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15477

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Jeffrey S. Ray

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.84

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15678

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15185

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

102.55

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15389

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15591

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Karen L. Reine

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15261

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Karen L. Reine

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15463

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Karen L. Reine

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15664

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. David T. Reynolds

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15186

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. David T. Reynolds

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15390

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. David T. Reynolds

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15592

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Wendy J. Reynolds

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15187

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Wendy J. Reynolds

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15391

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Wendy J. Reynolds

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15593

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15262

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15464

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15665

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. James Rodgers

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15263

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. James Rodgers

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15465

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. James Rodgers

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15666

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Remedios Rodriguez

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15188

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Remedios Rodriguez

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15392

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Remedios Rodriguez

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15594

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15300

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

134.61

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lauralie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15503

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Lauralie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15707

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Rachael R. Rudd

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15264

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

230.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Rachael R. Rudd

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15466

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Rachael R. Rudd

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15667

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Christine Ruediger

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15265

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christine Ruediger

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15467

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Christine Ruediger

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15668

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Phyllis J. Ruska

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15189

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Phyllis J. Ruska

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15393

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Phyllis J. Ruska

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15595

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Patricia A. Russell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15190

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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PAGE 142 OF 198

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Patricia A. Russell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15394

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Patricia A. Russell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15596

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Abby Dritz Salzer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15266

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Abby Dritz Salzer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15468

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Abby Dritz Salzer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15669

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Tracy M. Schmidt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15225

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

97.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Tracy M. Schmidt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.09

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15429

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Tracy M. Schmidt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15631

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Cynthia Scollins

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15191

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

60.89

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Cynthia Scollins

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15395

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Cynthia Scollins

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15597

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. George D. Shafer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15192

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. George D. Shafer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15396

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. George D. Shafer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15598

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Elliott A. Shaw, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15278

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

88.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elliott A. Shaw, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15480

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Elliott A. Shaw, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15681

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Randall Simmons

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15193

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

119.23

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Randall Simmons

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15397

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Randall Simmons

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15599

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Lawrence R. Smart

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15194

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lawrence R. Smart

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15398

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Lawrence R. Smart

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15600

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15301

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

134.61

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15504

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15708

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Philip G. Stalas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15195

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Philip G. Stalas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15399

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Philip G. Stalas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15601

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Carol H. Steckel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15267

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carol H. Steckel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15469

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Carol H. Steckel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15670

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Wesley K. Stiger

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15196

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Wesley K. Stiger

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15400

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Wesley K. Stiger

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15602

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Derek A. Stratman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15268

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Derek A. Stratman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15470

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Derek A. Stratman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15671

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

c. Christopher P. Surrell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15302

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

173.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher P. Surrall

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15505

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Christopher P. Surrall

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15709

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Paulette Sutton

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15197

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Paulette Sutton

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15401

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Paulette Sutton

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15603

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Shunae E. Thomas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15198

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Shunae E. Thomas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15402

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Shunae E. Thomas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15604

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Cynthia Thompson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15269

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Cynthia Thompson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15471

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Cynthia Thompson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15672

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Blair Todt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15310

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

269.22

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Blair Todt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15513

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Blair Todt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15717

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Mary Jane Toomey

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.66

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15121

Amount of Each Receipt this Period

11.53

SUBTOTAL of Receipts This Page (optional)..... ►

396.13

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Mary Jane Toomey

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.19

Date of Receipt

11 / 07 / 2014

Transaction ID : SA11AI.15326

Amount of Each Receipt this Period

11.53

Full Name (Last, First, Middle Initial)

B. Mary Jane Toomey

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.72

Date of Receipt

11 / 21 / 2014

Transaction ID : SA11AI.15528

Amount of Each Receipt this Period

11.53

Full Name (Last, First, Middle Initial)

C. Thomas Tran

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

10 / 24 / 2014

Transaction ID : SA11AI.15311

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

215.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Anthony J. Valdes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15199

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Anthony J. Valdes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15403

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Anthony J. Valdes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15605

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa VanSteelant

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15270

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Lisa VanSteelant

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15472

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Lisa VanSteelant

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15673

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Steven A. Vetrano

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15271

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Steven A. Vetrano

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15473

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Steven A. Vetrano

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15674

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Leonel Viel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15200

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Leonel Viel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15404

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Leonel Viel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15606

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Karen J. Viera

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15201

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Karen J. Viera

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15405

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Karen J. Viera

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15607

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Timothy R. Waggoner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15202

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Timothy R. Waggoner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15406

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Timothy R. Waggoner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15608

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ballard P. Walden

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15203

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Ballard P. Walden

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15407

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Ballard P. Walden

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15609

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Crystal W. Walker

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15204

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Crystal W. Walker

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15408

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Crystal W. Walker

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15610

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.52

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15276

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

958.18

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15478

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.84

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15679

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kathy C. Warner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15205

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Kathy C. Warner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15409

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Kathy C. Warner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15611

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William K. Watson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15274

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. William K. Watson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15476

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. William K. Watson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15677

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Teddy J. Webster

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.15272

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Teddy J. Webster

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11AI.15474

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Teddy J. Webster

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.15675

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 173 OF 198

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Stephen G. Weiss

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15206

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Stephen G. Weiss

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15410

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Stephen G. Weiss

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15612

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 174 OF 198

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael P. Wellman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15207

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Michael P. Wellman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15411

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Michael P. Wellman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15613

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Richard A. Wellons

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15208

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Richard A. Wellons

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15412

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Richard A. Wellons

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15614

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Randolph S. Wojnarowicz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15210

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Randolph S. Wojnarowicz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15414

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Randolph S. Wojnarowicz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15616

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Chang Xie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15211

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Chang Xie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15415

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Chang Xie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15617

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Shaojuan Xie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 24 2014

Transaction ID : SA11AI.15212

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Shaojuan Xie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 07 2014

Transaction ID : SA11AI.15416

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Shaojuan Xie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 21 2014

Transaction ID : SA11AI.15618

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 179 OF 198

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15303

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15506

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15710

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kristy Yarcho

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15213

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Kristy Yarcho

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15417

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Kristy Yarcho

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15619

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 198

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Mary Virginia Yates

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : SA11AI.15214

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Mary Virginia Yates

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

Transaction ID : SA11AI.15418

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Mary Virginia Yates

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2014

Transaction ID : SA11AI.15620

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Yin Yiu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15215

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Yin Yiu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15419

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Yin Yiu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15621

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 OF 198

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Belinda Young

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11Al.15216

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Belinda Young

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : SA11Al.15420

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Belinda Young

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11Al.15622

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15304

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15507

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15711

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Annette L. Zerbe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15217

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Annette L. Zerbe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15421

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Annette L. Zerbe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15623

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 186 OF 198

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Le Zheng

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15218

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Le Zheng

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15422

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Le Zheng

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15624

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 187 OF 198

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carlene C. Zincke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15273

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Carlene C. Zincke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15475

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Carlene C. Zincke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15676

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 188 OF 198

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Scott R. Zinna

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.15219

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Scott R. Zinna

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : SA11AI.15423

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Scott R. Zinna

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.15625

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

27326.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Ralph Hudgens

Mailing Address P. O. Box 8379

City State Zip Code
 Atlanta GA 31106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 20 2014

Transaction ID : SA16.15041

Amount of Each Receipt this Period

1000.00

refund/non-federal contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Alamo PAC

Mailing Address 919 Congress Avenue, #1400

City	State	Zip Code
Austin	TX	78701

Purpose of Disbursement
contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SB23.15075

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Bilirakis for Congress

Mailing Address P. O. Box 606

City	State	Zip Code
Tarpon Springs	FL	34688

Purpose of Disbursement
contribution

Candidate Name

Gus Michael Bilirakis

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: FL	District: 12

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SB23.15096

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Mailing Address 301 W. Platt Street, #385

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement
contribution

Candidate Name

Kathy Castor

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: FL	District: 14

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SB23.15076

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

MM / DD / YYYY

Category/
Type

Disbursement For: 2016

☐ Primary ☒ General

☐ Other (specify) ▼

5000.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 192 OF 198

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Thomas E. Price

Mailing Address P. O. Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement
contribution

Candidate Name

Thomas E. PriceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SB23.15079

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Texans for Senator John Cornyn

Mailing Address P. O. Box 13026

City	State	Zip Code
Austin	TX	78711

Purpose of Disbursement
contribution

Candidate Name

John CornynOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SB23.15073

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Upton For All of Us

Mailing Address P. O. Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement
contribution

Candidate Name

Frederick S. UptonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : SB23.15095

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Wellcare Health Plans, Inc. PAC (WellCare PAC)

FEC Schedule B (Form 3X) Rev. 02/2003

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 194 OF 198

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Craig J. Couglin for Assembly

Mailing Address P. O. Box 368

City	State	Zip Code
Woodbridge	NJ	07095

Purpose of Disbursement
void check dated 9/26/14

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	11	/	2014

Transaction ID : SB29.15103

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B. Craig J. Couglin for Assembly

Mailing Address P. O. Box 368

City	State	Zip Code
Woodbridge	NJ	07095

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	20	/	2014

Transaction ID : SB29.15105

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Election Fund of Joseph F. Vitale

Mailing Address P. O. Box 1467

City	State	Zip Code
Woodbridge	NJ	07095

Purpose of Disbursement
void check dated 9/26/14

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	11	/	2014

Transaction ID : SB29.15104

Amount of Each Disbursement this Period

-500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

-500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Election Fund of Joseph F. Vitale

Mailing Address P. O. Box 1467

City
WoodbridgeState
NJZip Code
07095Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2014

Transaction ID : SB29.15106

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Elliot Naishtat Campaign

Mailing Address P. O. Box 2910

City
AustinState
TXZip Code
78768Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : SB29.15087

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. John Otto Campaign

Mailing Address 702 N. Winfree

City
DaytonState
TXZip Code
77535Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : SB29.15092

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John Zerwas Campaign

Mailing Address P. O. Box 852

City	State	Zip Code
Fulshear	TX	77441

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SB29.15080

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Robert Nichols Campaign

Mailing Address P. O. Box 2347

City	State	Zip Code
Jacksonville	TX	75766

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SB29.15085

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Royce West Campaign

Mailing Address 5787 S. Hampton Road, #440

City	State	Zip Code
Dallas	TX	75232

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SB29.15086

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

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<div></div>	21b	<div></div>	22	<div></div>	23	<div></div>	24	<div></div>	25	<div></div>	26
<div></div>	27	<div></div>	28a	<div></div>	28b	<div></div>	28c	<div>X</div>	29	<div></div>	30b

Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Sarah Davis Campaign

Date of Disbursement

Transaction ID : SB29.15090

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

500.00

Full Name (Last, First, Middle Initial)

B. Texans for Charles Schwertner

Date of Disbursement

MM / DD / YYYY

Mailing Address P. O. Box 2448

City	State	Zip Code
Georgetown	TX	78627

Transaction ID : SB29.15084

Purpose of Disbursement	non-federal contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C. Texans for Dan Patrick

Date of Disbursement

Mailing Address P. O. Box 685085

City	State	Zip Code
Austin	TX	78768

Transaction ID : SB29.15083

Purpose of Disbursement	non-federal contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

1250.00

State: District:

SUBTOTAL of Disbursements This Page (optional).....

2750.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Texans for Joan Huffman

Mailing Address 3375 Westpark Drive, #135

City	State	Zip Code
Houston	TX	77005

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : SB29.15088

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500.00

6250.00
